



0250732

Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

October 4, 1996

Mr. Oscar A. Sarmiento
President
Vogue 1 Hr. Cleaners
9877 Southwest 184 Street
Miami, Florida 33157

Dear Mr. Sarmiento:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

0250732

P. 14

1. (c) should not be marked
3. new small area source
Should be marked

P. 15

4. new small r. c.
Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SARLAZ INT. INC - O		
2. Site Name (For example, plant name or number):	VOGUE 1 Hr. CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	9877 SW	184 ST.	
City:	MIAMI	County:	DADE
		Zip Code:	33157
5. Facility Identification Number (DEP Use):	FLD 984187344 0250432		

Responsible Official

6. Name and Title of Responsible Official:	OSCAR A. SARMIENTO - PRESIDENT		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	9877 SW	184 ST	
City:	MIAMI	County:	DADE
		Zip Code:	33157
8. Responsible Official Telephone Number:			
Telephone:	(805)254-6639	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

RECEIVED

AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	#4	1-05-95	1-05-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

Machine is already an enclosed unit
self contained.

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

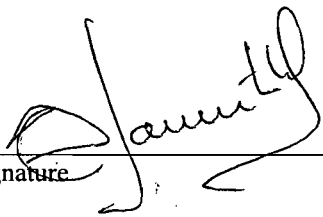
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature _____

8-26-96
Date _____



POSTAL MONEY ORDER

15-800
000

BEST AVAILABLE COPY
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SERIAL NUMBER
08954047157

YEAR, MONTH, DAY
2005-09-19

POST OFFICE
331571

U.S. DOLLARS AND CENTS
0000750000

AMOUNT
SEVENTY FIVE DOLLARS & 00¢ *****

454931 SEP21 2005

3755/2273
AIRSD # 0250732

PAY TO **F. D. E. P. Airs Card Permit**

NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS
SEE REVERSE WARNING

ADDRESS **P.O. Box 3070**

FROM **VOGUE CLEANERS**

CLERK
0016

TALLAHASSEE, FL

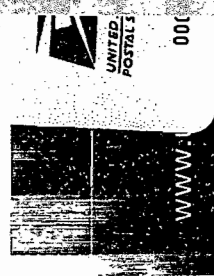
ADDRESS **9077 SW 1842 ST**

O.D. NO. OR USED FOR **AIRSD # 0250732**

MIAMI, FL 33157



MAILING OF ALL



Ad

EXPRESS MAIL

MAIL

Post Office

UNITED STATES POSTAL SERVICE®

Employee Signature
Time AM PM
Date AM PM
Time AM PM

WARRANTY OF SIGNATURE
Additional merchandise insurance
customer requests waiver of alig
I wish delivery to be made without of
of address or addressee's agent (I
judges that article can be left in special
authorize that delivery employee's in
valid proof of delivery

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Weekend
Holiday
Mall Signature

TO: (PLEASE PRINT) PHONE ()

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



E0308645739US

E0308645739US

ORIGINAL USE ONLY

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	Month	Day	Scheduled Date of Delivery	Postage \$	Return Receipt Fee \$	Insur. since Fe \$
Date Accepted	Month	Day	Year	Scheduled Time of Delivery	Postage \$	Return Receipt Fee \$	Insur. since Fe \$
Mo. / Day / Year	Month	Day	Year	Scheduled Time of Delivery	Postage \$	Return Receipt Fee \$	Insur. since Fe \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Month	Day	Year	Scheduled Time of Delivery	Postage \$	Return Receipt Fee \$	Insur. since Fe \$
Rate <input type="checkbox"/> per Mailgram	Month	Day	Year	Scheduled Time of Delivery	Postage \$	Return Receipt Fee \$	Insur. since Fe \$
INT Alpha Country Code	Month	Day	Year	Scheduled Time of Delivery	Postage \$	Return Receipt Fee \$	Insur. since Fe \$

FROM: (PLEASE PRINT) PHONE ()

PLEASE HAND YOU ARE MAKING 3 COPIES.



OR T

SP

181

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERY

RECEIVED
 DEC 10 2000 11:30am
 Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250732 DATE: 3/30/00 TIME IN: 11:00am TIME OUT: 11:30am

FACILITY NAME: Vogue 1 Hour Cleaners

FACILITY LOCATION: 9877 SW 184 St
Miami, FL 33157

RESPONSIBLE OFFICIAL: Alex Lopez PHONE: (305) 254-6639

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was unknown gallons.

4/10/00
DRG

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 - Is the temperature differential equal to or greater than 20° F? Y N N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 - Is the perc concentration equal to or less than 100 ppm? Y N N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A

6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

2. Maintained rolling monthly total of perc consumption? Y N

3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A

 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A

4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A

5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A

6. Maintained startup/shutdown/malfunction plan? Y N

7. Maintained deviation reports? Y N N/A
 - Problem corrected? Y N N/A

8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Deborah Griner
Inspector's Name (Please Print)

3/30/00
Date of Inspection

Deborah Griner
Inspector's Signature

4/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Martha Lopez - new owner

Alex Lopez - manager

Never filled out a new initial notification form. No perc purchase receipts on site.

Not conducting recordkeeping. No secondary containment for waste drums. Mr. Lopez says he cleaned out the still yesterday. There was a 5 gallon bucket 3/4 filled with the contents cleaned out from the still. I directed Mr. Lopez to place that waste in drums and ~~to~~ in the future to place the waste in drums immediately following still cleaning. Will forward this issue to LW5.

Sarlac
INT'l
Inc.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:00 am TIME OUT: 11:55 am AIRS ID#: 0250732
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Vogue 1 Hour Cleaners DATE: 3/30/00
 FACILITY LOCATION: 9877 SW 184 St
Miami, FL 33157
 RESPONSIBLE OFFICIAL: Alex Lopez PHONE NUMBER: (305)254-1639

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not maintaining perc purchase receipts on site for a minimum of 5 years. No rolling log. Logging	Keep perc purchase receipts on site and maintain a 12 month rolling log of perc purchases (FDEP calendar)
Not conducting + submitting logging bi-weekly leak inspection.	Conduct a bi-weekly leak inspection and record results in FDEP calendar
Not conducting + logging weekly temp. of outlet side of ref. condenser after an appropriate cooldown cycle.	Conduct + record weekly refrigerated condenser temp.
New owner did not notify department of change in ownership	Submit initial notification form with a copy of bill of sale within 7 days.

COMMENTS: Waste drums not placed in secondary containment.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 4/01
(Approximate)

INSPECTION CONDUCTED BY: Debora Griner
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305)372-6936

Handwritten initials

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: Vogue 1 Hour Cleaners DATE: 3/30/00
 FACILITY LOCATION: 9877 SW 184 St
Miami, FL 33157

Annual Reporting Period: 3 1999 TO 3 ²⁰00

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Deficient recordkeeping

Exact period of non-compliance: from 9/98 to 3/2000

Action(s) taken to achieve compliance: Begin keeping records

Method used to demonstrate compliance: FDEP calendar

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Did not notify dept. of change in ownership

Exact period of non-compliance: from 9/98 to 3/2000

Action(s) taken to achieve compliance: Submit initial notification form + copy of bill of sale.

Method used to demonstrate compliance: forms

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: _____
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.



NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TO: Alex Lopez
ADDRESS: 9877 SW 184 St
SOURCE/LOCATION: Vogue 1 Hour Cleaners

YOU ARE HEREBY NOTIFIED that on 3/30/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Uncontrolled fugitive particulates
- Non-compliance with Stage II Vapor Recovery
- Excessive Visible Emissions
- Improper handling/removal of asbestos
- Non-compliance with CFC regulations
- OTHER

Specifically: Perc Dry Cleaner Air General Permit Part II (2)(k)(3)
The responsible official shall retain records of all monitoring data and supporting information for a period of at least 5 years.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 7 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. last 12 months Perc purchase receipts
- Within _____ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,
John W. Renfrow, P.E.
Director

By: Debra Giner
Signature: [Signature]
Section: Air Facilities

fax # (305) 372-6954
Received by: [Signature]
Title: Manager
Date: 3/30/00



NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TO: Alex Lopez
ADDRESS: 9877 SW 184 St.
SOURCE/LOCATION: Vogue 1 Hour Cleaners

YOU ARE HEREBY NOTIFIED that on 3/30/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Uncontrolled fugitive particulates
- Non-compliance with Stage II Vapor Recovery
- Excessive Visible Emissions
- Improper handling/removal of asbestos
- Non-compliance with CFC regulations
- OTHER

Specifically: Perc Dry Cleaner Air General Permit Part I(2) Notification. Did not give Dept. notice of intent to use permit.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 7 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation.
- Within _____ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,
John W. Renfrow, P.E.
Director
By: Deborah Griner
Signature: [Signature]
Section: Air Facilities

Received by: [Signature]
Title: Manager
Date: 3/30/00

PERCHLOROETHYLENE DRY CLEANERS
 TITLE V GENERAL PERMIT
 COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250732 DATE: 2-24-97 TIME IN: 2:00pm TIME OUT: 2:40pm
 FACILITY NAME: Vogue 1 Hr. Cleaners
 FACILITY LOCATION: 9877 SW 184 St.
Miami, Fl.

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input checked="" type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	<input type="checkbox"/>	4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>

This is a correct facility classification Y N

If no, please check the appropriate classification:

facility qualified for a general permit as number 2 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

(B)
3/14/97

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | |
|---|--|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
Is the temperature differential equal to or greater than 20° F? Y N NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N NA
Is the perc concentration equal to or less than 100 ppm? Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or, Y N NA
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N NA
4. Maintained calibration data? (for direct reading instruments only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N NA
Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces) Y N

Physical detection (airflow felt through gaskets) Y N

Odor (noticeable perc odor) Y N

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Door gaskets and seating Y N

Filter gaskets and seating Y N

Pumps Y N

Solvent tanks and containers Y N

Water separators Y N

Muck cookers Y N

Stills Y N

Exhaust dampers Y N

Diverter valves Y N

Cartridge filter housings Y N

Oscar A. Saermento

Name of Responsible Official

Rosana Rivera

Inspector's Name (Please Print)

Rosana R.

Inspector's Signature

2.24.97

Date of Inspection

2.98

Approximate Date of Next Inspection

RECEIVED

all

JUN 24 1997

Revised 10/10/96

AIRS ID#: 0250732

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM
Air Quality Management Division

FACILITY NAME: VOGUE 1HR. CLEANERS DATE: 6/20/97
 FACILITY LOCATION: 9877 SW 184 ST
Miami - FL.

Annual Reporting Period: JANUARY 1996 TO December 1 1996

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

NO start up shut down, mal function plan. No perc log

Exact period of non-compliance: from January 1996 to December 1996 on site.

Action(s) taken to achieve compliance: I will obtain and keep the above paper work

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED

Exact period of non-compliance: from _____ to _____

JUL 16 1997

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____
Bureau of Air Monitoring & Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: OSCAR A. SARNIENTO
Name (Please Print)

O. Sarniento
Signature

6/20/97
Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

DEPT. OF ENVIRONMENTAL 248955
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:00 pm TIME OUT: 2:40 pm AIRS ID#: 0250732
 TYPE OF FACILITY: Dry Cleaning facility
 FACILITY NAME: Vogue 1 Hour Cleaners DATE: 2.24.97
 FACILITY LOCATION: 9877 SW 184 St.
Miami, FL.
 RESPONSIBLE OFFICIAL: OSCAR A. SARMIENTO PHONE NUMBER: 254-6639

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No STARTUP / SHUTDOWN / MALFUNCTION PLAN ON SITE.	Must obtain said document and keep on site.
No perc log on site.	Need to maintain a perc log with a rolling average.

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 298

(Approximate)

INSPECTION CONDUCTED BY: Rosana RIVERA
(Please Print)

INSPECTOR'S SIGNATURE: Rosana PHONE NUMBER: 372-6942

Z 333 613 398

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided

AIRS ID# 0250732

SARLAZ INT INC-O
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SARLAZ INT INC-O
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

AIRS ID# 0250732

4a. Article Number

2333613398

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

4/8/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

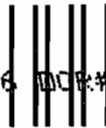
X

[Handwritten Signature]

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE
P&DC MIAMI, FL 04/08/98 20:26 DCF:1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR/STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



Fold at line over top of envelope to

SENDER

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0250732

SARLAZ INT INC-O
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

4a. Article Number
0265 302 422

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2-19-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Sandra Sarmiento

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 265 302 422

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
[Sent to _____]

AIRS ID#: 0250732

SARLAZ INT INC-O
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>2/17/97</i>

PS Form 3800, April 1995

←-----
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262715

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

MAR -7 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

SSRLAZ INT INC-O
OSCAR A SARMIENTO
3877 SW 184 ST
MIAMI FL 33157

AIRS ID# 0250732

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj: 002273

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250732

SARLAZ INT INC-O
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

4a. Article Number

Z 333 660 261

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

12-14-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 261

US Postal Service

AIRS ID 0250732

SARLAZ INT INC-O
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Z 333 613 505

US Postal Service

Receipt for Certified Mail

AIRS ID# 0250732

VOGUE 1 HOUR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

PS Form 3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0250732
VOGUE 1 HOUR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

4a. Article Number

Z 333 613 505

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

6/25

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

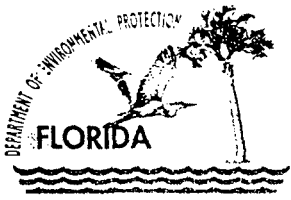
• Print your name, address, and ZIP Code in this box

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

JUN 29 1998

RECEIVED



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	SARLAZ INT. INC - O		
2. Site Name (For example, plant name or number):	VOGUE 1 Hr. CLEANERS		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	9877 SW 184 ST.		
Street Address:			
City: MIAMI	County: DADE	Zip Code: 33157	
5. Facility Identification Number (DEP Use):	FLD 984187344 0250432		

Responsible Official

6. Name and Title of Responsible Official:	OSCAR A. SARMIENTO - PRESIDENT		
7. Responsible Official Mailing Address:			
Organization/Firm:			
Street Address:	9877 SW 184 ST		
City: MIAMI	County: DADE	Zip Code: 33157	
8. Responsible Official Telephone Number:			
Telephone: (305) 254-6639	Fax: ()	-	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME AS ABOVE		
10. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
11. Facility Contact Telephone Number:			
Telephone: ()	Fax: ()	-	

RECEIVED

AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	# 1	1-05-95	1-05-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed 0.5.

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source 0.5. New small area source 0.5
 Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser D.S.

New large area source

Refrigerated condenser

Machine is already an enclosed unit
self contained.

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

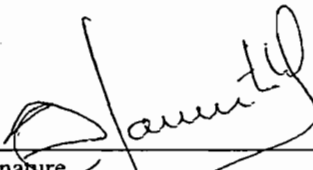
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

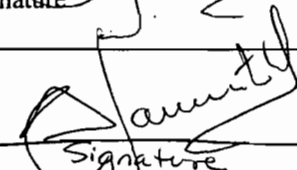
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.



Signature

8-26-96
Date



Signature

2.24.97
DATE

OSCAR SARMIENTO
PRINT

PERCHLOROETHYLENE DRY CLEANERS

RECEIVED ✓

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

OCT 28 1998

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY Bureau of Air Monitoring & Mobile Sources
RE-INSPECTION

AIRS ID#: 0250732 DATE: 9/29/98 TIME IN: 11:30 TIME OUT: 11:45
 FACILITY NAME: Vogue 1 Hour Cleaners
 FACILITY LOCATION: 9877 SW 18th St
Miami
 RESPONSIBLE OFFICIAL: Alex Lopez PHONE: (305) 254-6639
 CONTACT NAME: Same PHONE: Same

PART I: NOTIFICATION
 (check appropriate box)
 1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION
 Facility indicated on notification form that it is:
 (check appropriate box) No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) <input checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

9/30/98
 [Signature]
 [Signature]

10/1/98

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces) Y N
- Physical detection (airflow felt through gaskets) Y N
- Odor (noticeable perc odor) Y N
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) N Y
- Halogen leak detector Y N
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Mitchell Fishkind
Inspector's Name (Please Print)

9/29/98
Date of Inspection

[Signature]
Inspector's Signature

9/199
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Herstech 480
Gave DEP Calendar
Gave DERM p2 Booklet

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:00 AIRS ID#: 250732

TYPE OF FACILITY: Dry to Dry

FACILITY NAME: Vogue 1877 2 Hour 184 Leaks SW DATE: 9/29/98

FACILITY LOCATION:

RESPONSIBLE OFFICIAL: Aley Lopez PHONE NUMBER: (305) 251-6639

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Failure to have a perc consumption Rolling Log perc receipts not on site	Use DEP Calendar
Leak Inspections & Maintenance Log not on site	Maintain all receipts on site

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 9/99

INSPECTION CONDUCTED BY: Mitchell Fichtel ND (Approximate)

INSPECTOR'S SIGNATURE: [Signature] (Please Print) PHONE NUMBER: (305) 372-6925

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Vogue 2 Hour Cleaners DATE: 9/9/98
FACILITY LOCATION: 9877 SW 184th St

Annual Reporting Period: 9/97 19 TO 9/98 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Failure to maintain rolling log for perc consumption, All Receipts not on site
Exact period of non-compliance: from 9/97 to 9/98
Action(s) taken to achieve compliance: Use DEP Calendar
Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Maintenance of Leak Insp, Temp logs not on site
Exact period of non-compliance: from 9/97 to 9/98
Action(s) taken to achieve compliance: Temp relocated for Hurricane
Method used to demonstrate compliance:

RECEIVED OCT 27 1998 Bureau of Air Monitoring & Mobile Sources

As the responsible official, I hereby certify, based on information and beliefs formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Alex Lopez Name (Please Print) Signature Date 09/29/98

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

RECEIVED

JUN 25 1999

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION

COMPLAINT/DISCOVERIES

AIRS ID#: 250732 DATE: 06/15/99 TIME IN: 3:18pm TIME OUT: 3:40pm

FACILITY NAME: Vogue 1 Hour Cleaners

FACILITY LOCATION: 9877 S.W. 184th St Miami FL

RESPONSIBLE OFFICIAL: Alex Lopez PHONE: (305) 254-6639

CONTACT NAME: PHONE:

PART I: NOTIFICATION

- (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source... 2. New small area source... 3. Existing large area source... 4. New large area source... 5. This is a correct facility classification... If no, please check the appropriate classification: B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

Review + ARMS 6/18/99 DG

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- | | | | |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- | | | | |
|--|---------------------------------------|----------------------------|---|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
- Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
- Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
- Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

KRISTAL YIPON
Inspector's Name (Please Print)

06/15/99
Date of Inspection

Kristal Yipon
Inspector's Signature

06/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 3:18pm TIME OUT: 3:40pm AIRS ID#: 250732
 TYPE OF FACILITY: PERC DRY CLEANERS
 FACILITY NAME: Vogue 1 Hour Cleaners DATE: 06/15/99
 FACILITY LOCATION: 9877 S.W. 184th St.
Miami
 RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: (305) 254-6639

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Records not available for leak check & maintenance log.</u>	<u>Make records available.</u>

COMMENTS: _____

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 06/2000
(Approximate)

INSPECTION CONDUCTED BY: KRISTAL YIPON
(Please Print)

INSPECTOR'S SIGNATURE: Kristal Yipon PHONE NUMBER: (305) 372-6925

AIRS ID#: 250 732

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

RECEIVED
JUN 25 1999
DATE: 06/15/99

Bureau of Air Monitoring
& Mobile Sources

FACILITY NAME: Vogue 1 Hour Cleaners
FACILITY LOCATION: 9877 SW. 184th St.
Miami FL 33157

Annual Reporting Period: 09/28 1998 TO 06/15 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Records for leak checking and maintenance not available

Exact period of non-compliance: from 09/28/98 to 06/15/99

Action(s) taken to achieve compliance: make records available on site

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

N/A

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: ACEX Lopez [Signature] 06/15/99
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

BEST AVAILABLE COPY

CERTIFIED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

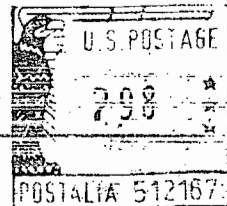
Z 210 662 259

MC5521

BAMMS/BCO
JOEY ROBERTS
5510

MAIL

REFUSED



RECEIVED
MAR 13 2000

Bureau of Air Monitoring
& Mobile Sources

AIRS ID # 0250732

VOGUE LHR CLEANERS
OSCAR A. SARMIENEG
9877 SW 184 ST
MIAMI FL 33157

Z 210 663 130

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

PS Form 3800 April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

CERTIFIED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Z 210 663 130

MAIL

MC5521

BAMMS/BCO
JOEY ROBERTS
5510

ADDRESSEE UNKNOWN

AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

Bureau of Air Monitoring
& Mobile Sources

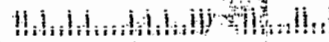
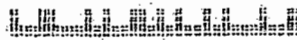
APR 26 2000

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2.98

postage due

32399/2400



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

465554 NOV27 2006

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250732 1st
VOGUE 1 HR CLEANERS
9877 SW 184 St
MIAMI, FL 33157

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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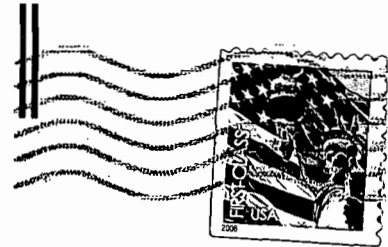
PAID YEAR 2004
8/22/2005

* ENTERED FOR
PAYMENT 2005 - 11/29/06
D.C.W.

NOV 29 2006
Bureau of Air Monitoring
& Mobile Sources

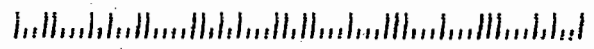
MIAMI FL 331

21 NOV 2006 PM 3 T



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070-70 8099



(NOT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

454520 AUG18 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250732.....2nd Cert 05
VOGUE 1 HR CLEANERS
9877 SW 184 St
MIAMI, FL 33157

RECEIVED
AUG 22 2005
Bureau of Air Monitoring
& Mobile Sources

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ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: AIRS ID# 250732 3rd Cert04

Sent To: VOGUE 1 HR CLEANERS
 9877 SW 184 St
 MIAMI, FL 33157

Street, Apt. No. or PO Box No.
 City, State, Zip

PS Form 3800, June 2002 See Reverse for Instructions

7004 2510 0004 6986 5821

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 5px; margin: 10px 0;"> <p>AIRS ID# 250732 3rd Cert04 VOGUE 1 HR CLEANERS 9877 SW 184 St MIAMI, FL 33157</p> </div> <p>2. Article Number (Transit): 7004 2510 0004 6986 5821</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>4/8</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR 11 2005

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Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

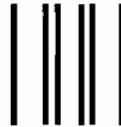
7004 2510 0002 3939 3134

Sent To AIRS ID#0250732.....2nd Cert 05
Street, Ap or PO Box VOGUE 1 HR CLEANERS
 9877 SW 184 St
City, State MIAMI, FL 33157

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Madge Mahon</i> 3.4.05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">AIRS ID#0250732.....2nd Cert 05 VOGUE 1 HR CLEANERS 9877 SW 184 St MIAMI, FL 33157</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7004 2510 0002 3939 3134</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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USPS
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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

JT Air Monitor
Mobile Sources

MAR 17 2005

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32399/2400



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For delivery information visit our website at www.usps.com ®	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
AIRS ID# 250732 1stC	
VOGUE 1 HR CLEANERS	
9877 SW 18 th St	
MIAMI, FL 33157	
PS Form 3800, Ju	

7003 0500 0004 0144 6958

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">AIRS ID# 250732 1stC VOGUE 1 HR CLEANERS 9877 SW 184 St MIAMI, FL 33157</p> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>NICHOLA HUNY</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>2/8/2005</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 0500 0004 0144 6958</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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FEB 14 2005

Bureau of Air, Monitoring
& Mobile Sources

01



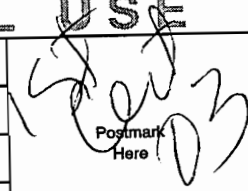
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) NINOSKA CAMPBELL C. Date of Delivery 2.6.07</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px;"> <p>ID# 250732 OSCAR SARMIENTO VOGUE 1 HR CLEANERS 9877 SW 184 ST MIAMI, FL 33157</p> </div>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7003 2260 0003 5651 1588</p>	

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Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



Postmark Here

ID# 250732
OSCAR SARMIENTO
VOGUE 1 HR CLEANERS
9877 SW 184 ST
MIAMI, FL 33157

7003 2260 0003 5651 1588

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
Total	_____
AIRS ID # 250732	
Sent	VOGUE 1 HR CLEANERS
Street or PO	OSCAR SARMIENTO
City, State	9877 SW 184 ST
	MIAMI, FL 33157
PS Form 3800, January 2001 *See Reverse for Instructions	

7001 1140 0001 7556 4606

B 03

Postmark
Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> AIRS ID # 250732 VOGUE 1 HR CLEANERS OSCAR SARMIENTO 9877 SW 184 ST MIAMI, FL 33157 </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. <input type="checkbox"/> 7001 1140 0001 7556 4606</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

AT TOP OF ENVELOPE TO THE RIGHT

UNITED STATES POSTAL SERVICE



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Permit No. G-10

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
Domestic Sources

APR 5 2004

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7003 0500 0004 0144 7887

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Postage	\$	<i>2nd Cl</i> Postmark Here <i>2003</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 250732

Total Pct

Sent To
 OSCAR SARMIENTO
 VOGUE 1 HR CLEANERS
 9877 SW 184 ST
 MIAMI, FL 33157

Street, Ap or PO Box
 City, State

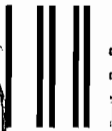
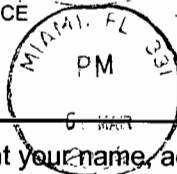
PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Oscar Sarmiento</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Delgado Alvarez</i></p> <p>C. Date of Delivery</p> <p><i>3-6-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: right;">AIRS ID # 250732</p> <p>OSCAR SARMIENTO VOGUE 1 HR CLEANERS 9877 SW 184 ST MIAMI, FL 33157</p> </div>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p>(Tr) 7003 0500 0004 0144 7887</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-154C

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DARTMOBILE SOURCE CONTROL PROGRAM
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MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air
& Noise
Sources
Monitoring

MAR 8 2004

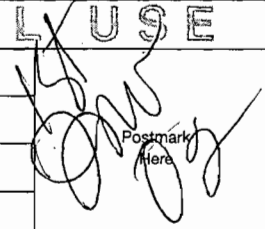
CEIVED



U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7001 0320 0001 7975 7672

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

AIRS ID#0250732

Sent To VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
Street, Ap. or PO Bo: 9877 SW 184 ST
City, State MIAMI FL
33157

PS Form 3849

Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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7001 0320 0001 7976 4405

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

[Handwritten Signature]

AIRS ID#0250732

Total P: _____
 Sent To: **VOGUE 1 HR CLEANERS**
OSCAR A SARMIENTO
 Street, Apt or PO Box: **9877 SW 184 ST**
MIAMI FL
 City, State: **33157**

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0250732

VOGUE 1 HR CLEANERS
 OSCAR A SARMIENTO
 9877 SW 184 ST
 MIAMI FL
 33157

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery *3/8/03*

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

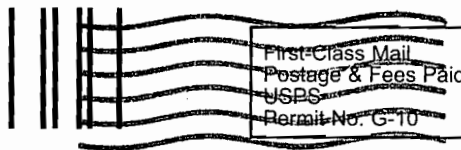
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 4405

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
RAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 11 2005

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32399/2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

X

TOTAL AMOUNT DUE: \$50.00

424321 MAR 3 2003

Do NOT Remove Label

AIRS ID#0250732

VOGUE 1 HR CLEANERS

~~OSCAR SARMIENTO~~

9877 SW 184 ST

MIAMI FL

33157

MARTHA Lopez

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

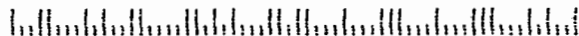
Obj.: 002273

Barry's Cleaners
10 South Royal Poinciana Blvd
Miami Springs FL 33166



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415874 APR11 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

X

Do NOT Remove Label

AIRS ID # 0250732
VOGUE 1 HR CLEANERS
~~OSCARA SARMIENTO~~ Alex Lopez
9877 SW 184 ST
MIAMI FL
33157

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 9/15/02
1. Article Addressed to:	C. Signature X <i>Tuana Ailo</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
AIRS ID # 0250732 VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0001 7975 9913		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	AIRS ID # 0250732	
Sent To	VOGUE 1 HR CLEANERS	
Street, Apt. No or PO Box No.	OSCAR A SARMIENTO 9877 SW 184 ST	
City, State, ZIP	MIAMI FL 33157	
PS Form 3800, January 2001	See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A: Received by (<i>Please Print Clearly</i>) Juana Avila B. Date of Delivery 3-8-02</p> <p>C. Signature <i>X Juana Avila</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0250732</p> <p>VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
<p>2. A 7001 0320 0001 7976 1732</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
OFFICIAL USE											
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Postage</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	<p>Postmark Here</p>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
<p>AIRS ID # 0250732</p>											
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">7001 0320 0001 7976 1732</p> <p>Se VOGUE 1 HR CLEANERS St OSCAR A SARMIENTO or 9877 SW 184 ST Ci MIAMI FL 33157</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>										
<p>PE for Instructions</p>											

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) CARLOS ROMIREZ	B. Date of Delivery 2.9.02
1. Article Addressed to:		C. Signature x [Signature]	
<p style="text-align: right;">AIRS ID # 0250732</p> VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		D. Is delivery address different from item 1? If YES, enter delivery address below:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		3. Service Type	
		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 70000520002093730787			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total I	AIRS ID # 0250732
Recipient	VOGUE 1 HR CLEANERS
Street	OSCAR A SARMIENTO
City, St	9877 SW 184 ST
	MIAMI FL
	33157
PS Form 3800, February 2000	
See Reverse for Instructions	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4330 3604

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

To: _____

Rec 10 AIRS ID # 0250732001AG
 Strc OSCAR A SARMIENTO
 City VOGUE I HR CLEANERS
 9877 SW 184 ST
 MIAMI FL 33157

PS or-Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0250732001AG
 OSCAR A SARMIENTO
 VOGUE I HR CLEANERS
 9877 SW 184 ST
 MIAMI FL 33157

A. Received by (Please Print Clearly) Harold Berke (6910) B. Date of Delivery 6/9/01
 C. Signature [Signature] Agent
 Addressee Addressee
 D. Is delivery address different from item 1? Yes
 If Yes, enter delivery address below: No

RECEIVED
JUN 12 2001

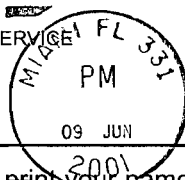
3. Service type of Air Monitoring & Mobile Sources
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
70000600002643303604

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE

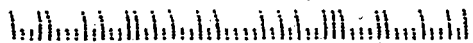


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5010
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

32399/2400



SENDER: COM		ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <i>Juana Avila</i>	B. Date of Delivery <i>2-9-01</i>
1. Article Addressed to:		C. Signature <i>x Juana Avila</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<p style="text-align: right;">AIRS ID # 0250732</p> <p>VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157</p>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label) <i>7000 0600 0026 4126 6404</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-99-M-1789	

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
AIRS ID # 0250732	
<p>VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157</p>	
PS Form 3800, February 2000	
See Reverse for Instructions	

PLACE STAMP AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

SENDER COMPLETE THIS SECTION	RECIPIENT COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>3/6/01</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250732</p> <p>VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from service label)</p> <p><u>7000 0600 0026 4125 8034</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage & Fees \$ _____</p>	<p style="text-align: center;">Postmark Here</p> <p style="text-align: right;">AIRS ID # 0250732</p> <p>VOGUE 1 HR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157</p> <p style="text-align: right;">Use for Instructions</p>



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407310 MAR22 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

Bureau of Air Monitoring
& Mobile Sources
MAR 26 2001
RECEIVED

AIRS ID # 0250732
VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

3755
2273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755 395784 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

2273

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
JUN - 9 2000

SENDER: COMPLETE THIS

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

AIRS ID # 0250732

2210 663 130

SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Theresa J. Hillman

C. Signature

x Theresa Hillman

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

APR 25 2000

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356375

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

JAN -6 99

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0310476

WEARHOUSE CLEANERS
ROBERT ALLEN
3435 UNIVERSITY BLVD N
JACKSONVILLE FL 32277.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

X KATHRYN SHANNA 2/23/00

C. Signature

X Kathryn Shanna Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

333607 338

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPARTMENT OF WILDLIFE CONTROL
BUREAU OF WILDLIFE PROTECTION
STATION 5510
STONE ROAD
TALLAHASSEE, FLORIDA 32309-5510

[Handwritten mark]

RECEIVED
FEB 25 2000
Bureau of Air Monitor
& Mobile Sources

Fold at line over top of envelope to
the right of the return address

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

Z 333 667 095

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature 2/14/00
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 095 2000

US Postal Service
Receipt for Certified Mail
 AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

BEST AVAILABLE COPY

7 210 662 259

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250732

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VOGUE 1 HR CLEANERS
OSCAR A SARMIENTO
9877 SW 184 ST
MIAMI FL 33157

AIRS ID # 0250732

2. Article Number (Copy from service label)

2 210 662 259

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes